



**City of Cincinnati Retirement System
Benefits Committee**

**City Hall Council Chambers and via Zoom
March 6, 2025 – 1:00 PM**

AGENDA

Members

Tom Gamel, Chair
Tom West, Vice Chair
Mark Menkhaus, Jr.
Bill Moller
Monica Morton
Aliya Riddle

CRS Staff

Jon Salstrom

Law

Kevin Frank

Call to Order

Public Comment

Approval of Minutes

- December 6, 2024 ()

Old Business

- Vision RFP Kick Off
- 2025 Healthcare Survey Update

New Business

- Healthcare dashboard report

Adjournment

Next Meeting: Thursday, June 5, 2025, 1:00 P.M. City Hall Council Chambers and via Zoom

**City of Cincinnati Retirement System
Benefits Committee Meeting
Minutes
December 5, 2024 / 1:00 P.M.
City Hall – Council Chambers and remote**

Board Members Present

Tom Gamel, Chair
Tom West, Vice Chair
Mark Menkhaus, Jr.
Bill Moller
Monica Morton
Aliya Riddle

CRS Staff

Jon Salstrom

Law

Linda Smith

Call to Order

The meeting was called to order at 1:12 p.m. by Chair Gamel and a roll call of attendance was taken. Committee members Gamel, Menkhaus, Moller, Morton, and Riddle were present. Trustees Rahtz and Morris were also in attendance and participated.

Public Comment

No public comment.

Approval of Minutes

Committee member Moller moved, and Committee member West seconded, to approve the minutes of the meeting of September 12, 2024. The motion to approve the minutes was approved by a unanimous roll call vote.

Old Business

Dental RFP update-details on tiered plan subscriptions

Director Salstrom discussed the results of the RFP process where providers were asked to create a tiered option for the dental plan. He explained that 395 out of approximately 3,000 retirees on the dental plan opted for the tiered option, highlighting the importance of paying attention to participants' needs and preferences. Director Salstrom noted that they are close to completing the contract for this dental plan option.

Healthcare survey follow up-Mental Health and long-term care insurance

Director Salstrom discussed the healthcare survey conducted two years ago, with the assistance of Horan, which aimed to ensure that mental health care was properly documented and available for retirees. He highlighted that mental health care options for retirees are now prominently featured on the Cincinnati Retirement website. As retirees call in, staff ensures that they are informed about the mental health care options available to them. Director Salstrom emphasized the importance of highlighting mental health care options during education sessions for employees preparing to enter DROP or retirement. The team will continue to engage retirees and promote these mental health care options during educational sessions.

Director Salstrom discussed the cost-prohibitive nature of long-term care insurance for retirees, noting that it becomes difficult to make this option meaningful for retirees without it becoming financially burdensome. He emphasized the challenge of offering a meaningful long-term care insurance option to retirees due to the high cost involved. Director Salstrom highlighted the importance of increasing education on long-term care insurance for active members. While Risk Management already provides education on long-term care insurance to active members, Director Salstrom believes it would be beneficial for the Retirement team to also include this education when engaging with active members.

New Business

2025 Healthcare survey design

Director Salstrom explained that the survey questions included in the packet were provided to retirees in 2022, with the help of consultant Horan. He noted that the presentation from Horan is also included in the materials. The purpose of presenting the survey results to the Trustees was to seek input on specific questions or areas of the survey. Director Salstrom shared that staff will engage with Horan in January of next year to work on developing the next steps based on this feedback. Committee member Moller commented that it would be beneficial for Horan to provide a comparison of the results between the two surveys to analyze trends or changes. Committee member Rahtz raised a concern about the response rate, which was 29%, and questioned whether this response rate is typical or if there is something that can be done to improve it. She asked if efforts could be made to increase the response rate. Director Salstrom acknowledged the low response rate and explained that he and staff will work on improving how retirees receive the survey. He suggested offering multiple response options and emphasizing that the survey is coming from the Board, not the City, to increase participation.

Adjournment

Following a motion to adjourn by Committee member Moller and seconded by Committee member West, the Benefits Committee approved the motion by unanimous roll call vote. The meeting adjourned at 1:25pm.

Meeting video link: <https://archive.org/details/crs-benefits-12-5-24>

Next Meeting: Thursday, March 6, 2025, 1:00 P.M. City Hall Council Chambers and via Zoom

Secretary

Q1: What do you think of the City of Cincinnati Retirement Division's healthcare benefit plans?

Q2: When selecting your benefits, what features are most important to you? Please select all that apply.

- Ability to cover my spouse and/or dependents at a low cost
- Freedom of choice (e.g., doctor, hospital, pharmacy, etc.)
- Low out of pocket costs to meet for your coverage(s)
- The lowest premium cost possible
- Other: _____

Q3: How would you rate the quality of information you receive about your benefit plans?

Not enough	2	3	4	5	6	7	8	9	Great Information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4: If you are not satisfied with the information you receive today regarding the benefit plans, what else would you like to see?

Q5: What are your preferred methods for receiving benefits communication? You can select more than one.

- Written Material
- Website
- Video
- In-Person Meetings
- Email
- I prefer a variety of modes
- Other: _____

Q6: How often have you used your health insurance in the past year?

- 0-1 times per year
- 2-5 times per year
- 5 or more times per year

Q7: How would you rate your satisfaction with the Anthem medical plan?

Low Satisfaction	2	3	4	5	6	7	8	9	High Satisfaction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8: How would you rate your satisfaction with the CVS pharmacy plan?

Low Satisfaction	2	3	4	5	6	7	8	9	High Satisfaction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9: When it is time to use your medical or pharmacy plans, rate your level of understanding of how to access care (e.g., finding a provider, finding a pharmacy, using your ID card, etc.)

Low Understanding	2	3	4	5	6	7	8	9	High Understanding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10: When it is time to use your medical or pharmacy plan, rate your level of understanding of how much you will owe.

Low Understanding	2	3	4	5	6	7	8	9	High Understanding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11: How would you rate your satisfaction with the medical plan claim payment process?

Low Satisfaction	2	3	4	5	6	7	8	9	High Satisfaction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q12: If you are not satisfied with the medical claim payment process, what specific feedback can you provide?

Q13: What changes would you like to see with the medical and prescription coverages?

Q14: When working with your prescription drug plan and pharmacies, have you had issues obtaining the prescriptions recommended by your provider? Please explain...

Q15: How would you rate your understanding of the mental health services available with the medical programs?

Low Understanding	2	3	4	5	6	7	8	9	High Understanding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q16: If you have used the mental health services, are they easy to access?

Q17: How would you rate your satisfaction with the dental plan?

Low Satisfaction	2	3	4	5	6	7	8	9	High Satisfaction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

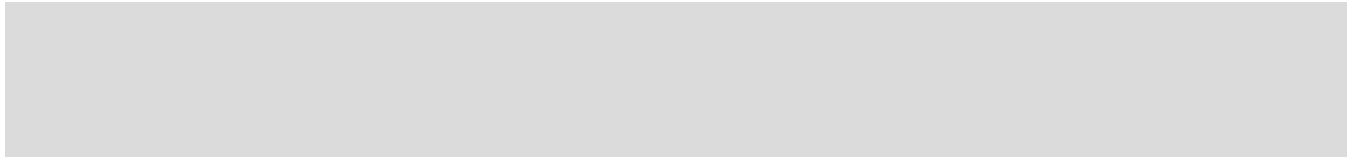
Q18: What changes would you like to see with the dental plan?

Q19: How would you rate your satisfaction with the vision plan?


Low Satisfaction	2	3	4	5	6	7	8	9	High Satisfaction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q20: What changes would you like to see with the vision plan?

Q21: If needed, do you understand how to start the appeals process?



Q22: If you've been through the appeals process previously, how easy was it to navigate?

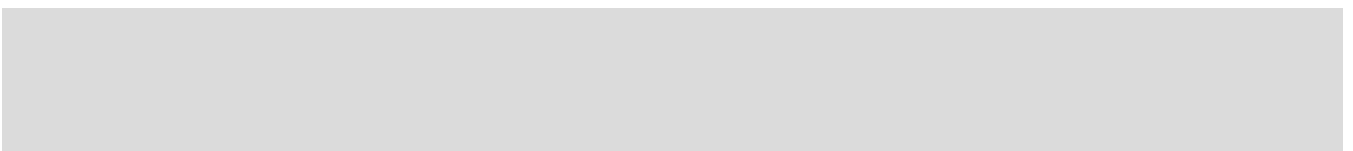


Q23: Are there any other types of voluntary benefits/programs that you'd like us to consider offering? (Check all that apply)

- Accident Insurance
- Critical Illness Insurance
- Cancer Insurance
- Long-Term Care Insurance
- Identity Theft Protection
- Pet Insurance
- Audio Coverage
- All-in-One Coverage (medical, Rx, dental, vision, audio in one plan option)
- Discount Programs (e.g., travel, auto and retail)
- Other: _____

Q24: You have reached the end of the survey. We appreciate your participation!

Please use the below comment box to provide feedback, ask questions or voice concerns.



City of Cincinnati Retirement Benefits Survey Results

June 8, 2023



The information contained in this document is informational only and is not intended as, nor should it be construed as, legal or accounting advice. Neither HORAN nor its consultants provide legal, tax nor accounting advice of any kind. We make no legal representation, nor do we take legal responsibility of any kind regarding regulatory compliance. Please consult your counsel for a definitive interpretation of current statute and regulation and their impact on you and your organization.

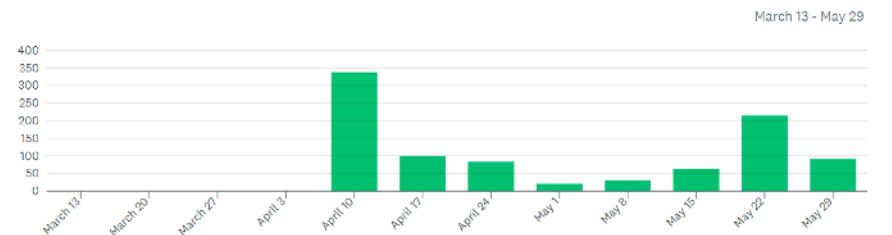
Aggregate Survey Data

- **Survey Dates: 4/13/2023 – 5/29/2023**
- **1,644 net survey emails sent**
 - 1,750 emails originally sent
 - 164 bounced
 - 58 emails corrected/resent
- **1,537 survey letters predicted to have been successfully mailed**
 - 1,637 originally slated for mail
 - Approximately 30 calls regarding printing issues; surveys re-mailed
- **931 surveys completed**
- **29% response rate**

Collectors

OPEN	502
Web Link 2	RESPONSES
Created: 4/18/2023	COLLECTED
OPEN	427
Web Link 1	RESPONSES
Created: 3/13/2023	COLLECTED

Responses Volume



Q1 – What is your overall impression of the City of Cincinnati Retirement Division’s healthcare benefit plans?

Answered: 804

Skipped: 127



Verbatims:

- “I love them!”
- “Overall it is good. I don’t have any complaints.”
- “MISMANAGED”
- “My original plan in 2001 was better. My wife and I have to fully pay for our Medicare Part B with no reimbursement from CRS; over \$320 a month. No coverage for hearing care.”
- “I’m happy with the benefits, and hope they can continue as planned”
- “Better than what most people offer. But could be better. Expense to me is going up as I age.”
- “It has consistently met all of our health care needs. The system has been jealously known as “The Cadillac” of health care insurance.”

Q2– When selecting your benefits, what features are most important to you? Please select all that apply.

Answered: 919

Skipped: 12

ANSWER CHOICES	RESPONSES	
Ability to cover my spouse and/or dependents at a low cost	46.13%	423
Freedom of choice (e.g. doctor, hospital, pharmacy, etc.)	84.41%	774
Low out of pocket costs to meet for your coverage	83.42%	765
The lowest premium cost possible	61.07%	560
Other (please specify)	Responses	7.74% 71
Total Respondents: 917		

Themes:

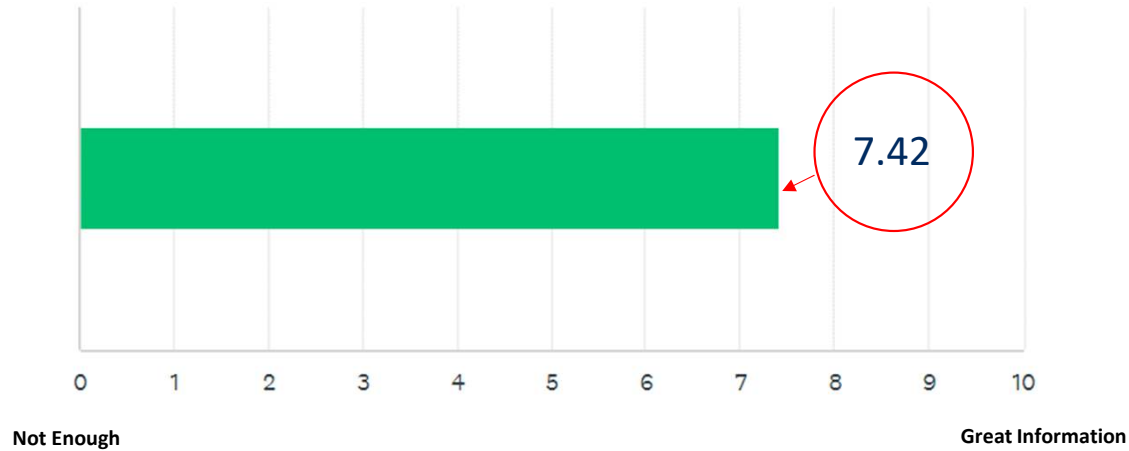
- Quality
- Cost

Verbatims:

- “It should not be about money, but the quality of care”
- “Should be no cost at all; we worked 30+ years”
- “City to pay our Medicare premium”
- “This survey is not relevant to those who retired in 2001 if it is to be used to alter health care coverage for this group. The Collaborative Settlement Agreement was established via negotiation under Federal Court oversight and authority states that health care benefits for retirees of 2001 (and others) will not be altered for some 30 years. “

Q3 – How would you rate the quality of information you receive about your benefit plans?

Answered: 890 Skipped: 41



Q4– If you are not satisfied with the information you receive today regarding the benefit plans, what else would you like to see?

Answered: 263

Skipped: 668

Themes:

- Education
- Choice
- Cost
- Transparency

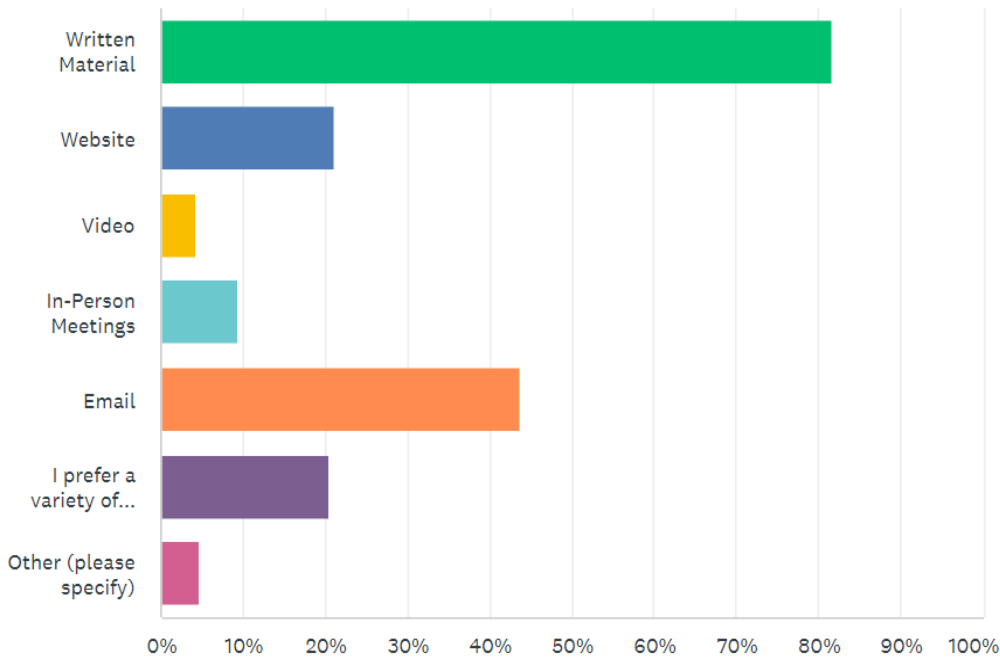
Verbatims:

- “Retirees are not part of the determination process. Once the City decides then are left with participate now or suffer the consequences later”
- “I would like to see more detailed information in the newsletter since it is only quarterly. I know it's hard because so much of the information is different depending on the person, but maybe include everything that you know about any changes or any problems that multiple people are having and bringing to your attention.”
- “More choices”
- “I think the information is good and if there are questions we can call.”
- “Have a benefit explanation day at Duke Energy or other location once per year. I think the pensioners would attend.”

Q5 – What are your preferred methods for receiving benefits communication? You can select more than one.

Answered: 912

Skipped: 19



Themes:

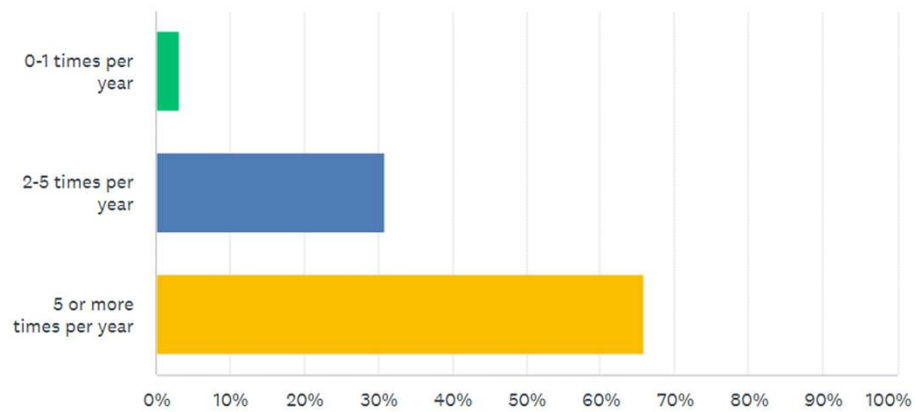
- Phone Calls
- Technology Issues
- Texts

Verbatims:

- “I do not own a computer. I need to borrow a computer to check my emails. I only check emails rarely.”
- “Website with many informative videos and a question/answer live chat.”
- “Website sometimes is difficult to navigate”
- “I value the excellent customer service when I call CRS with a question!”

Q6 – How often have you used your health insurance in the past year?

Answered: 904 Skipped: 27

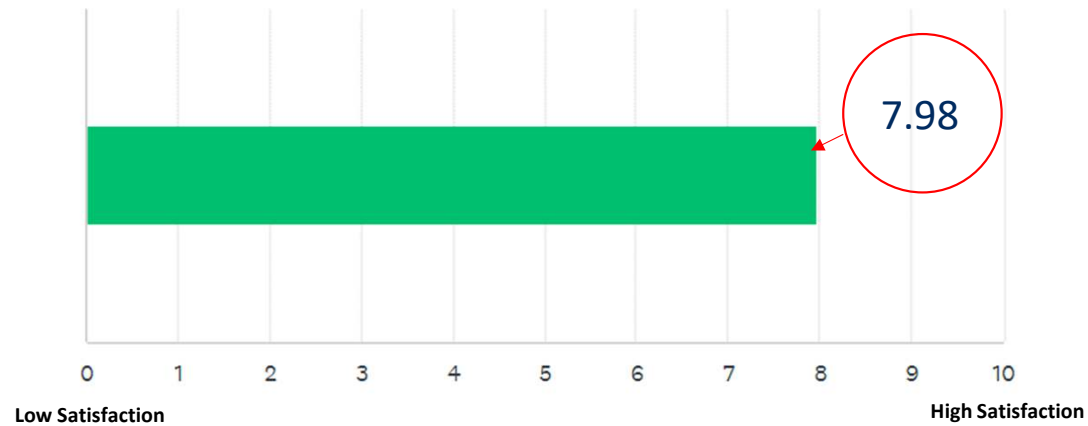


ANSWER CHOICES	RESPONSES
0-1 times per year	3.22% 29
2-5 times per year	30.93% 279
5 or more times per year	65.85% 594
TOTAL	902

Q7 – How would you rate your satisfaction with the Anthem medical plan?

Answered: 904

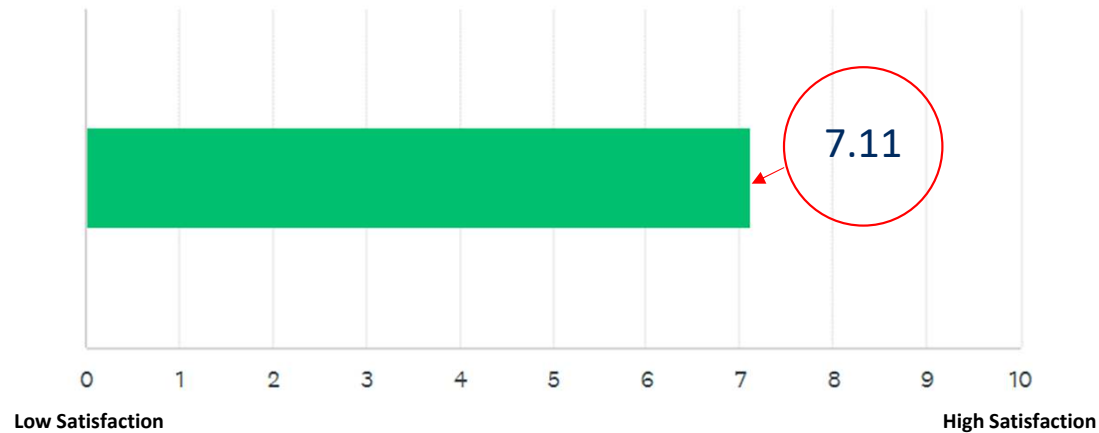
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Q8 – How would you rate your satisfaction with the CVS pharmacy plan?

Answered: 777

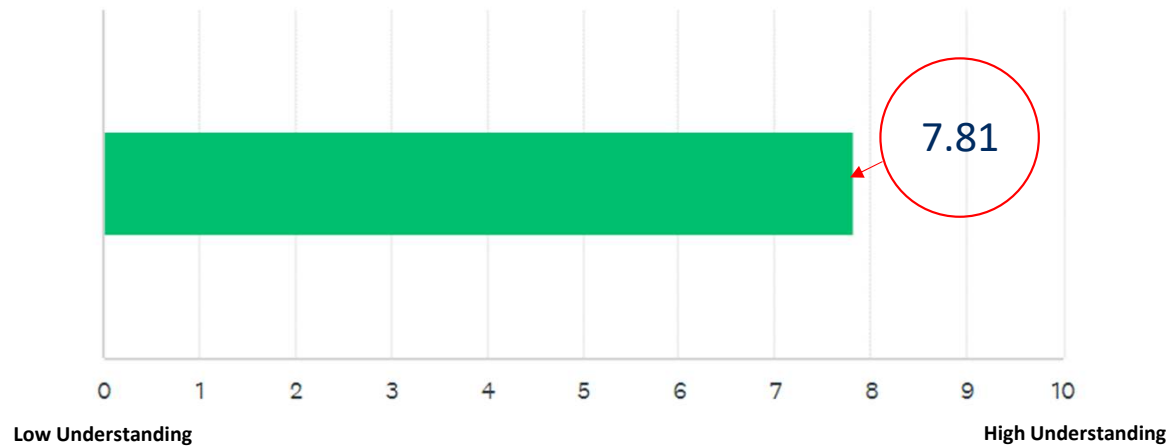
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Q9 – When it is time to use your medical or pharmacy plans, rate your level of understanding of how to access care (e.g., finding a provider, finding a pharmacy, using your ID card, etc.)

Answered: 895

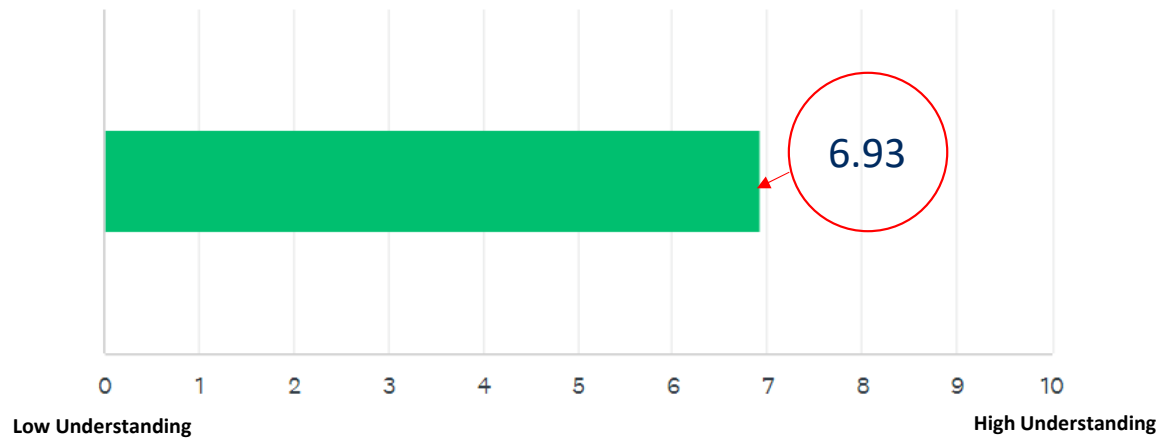
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Q10 – When it is time to use your medical or pharmacy plan, rate your level of understanding of how much you will owe.

Answered: 894

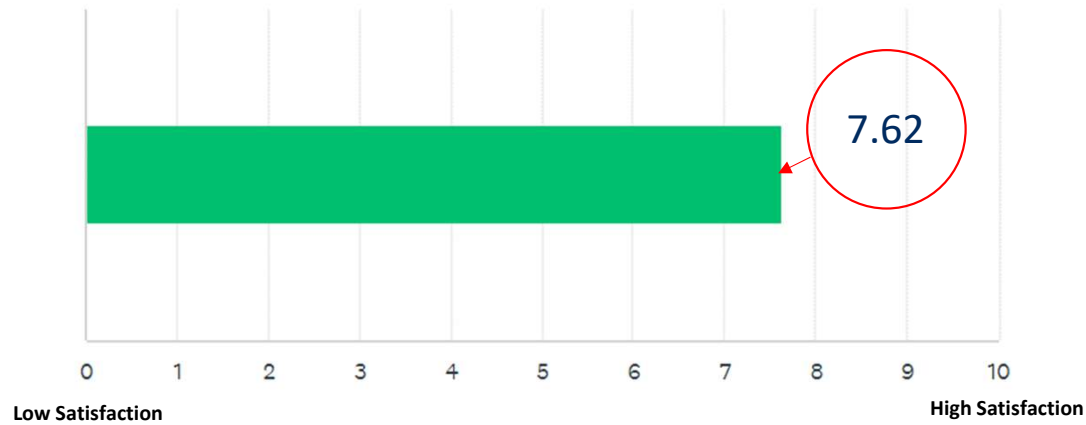
Skipped: 37



Q11 – How would you rate your satisfaction with the medical plan claim payment process?

Answered: 867

Skipped: 64



Q12 – If you are not satisfied with the medical claim process, what specific feedback can you provide?

Answered: 206

Skipped: 725

Themes:

- Timing (EOB vs Provider Bill)
- Complexity/Understanding the Process
- Cost/Coverage

Verbatims:

- “Never quite sure ahead of time what is covered, or providers covered.”
- “I dislike having to verify charges against EOB's before I pay an invoice, but I feel I need to. You have to keep the honest people honest and watch for possible mistakes.”
- “Maybe simplify the paperwork. It seems to have been written by medical lawyers for 5 years.”
- “The Anthem statements come each month showing what is paid. The provider’s billing statements are 3-5 months behind. It is hard to keep track of it all.”
- “I am satisfied with the medical claim payment process.”
- “It is confusing. Now when you are registering, they tell you what you have to pay (10% discount) if paid today. I paid and paid too much. It took months to receive refund. However, if I don’t pay, you are constantly receiving multiple requests for payment even if the claim still hasn’t been processed.”

Q13 – What changes would you like to see with the medical and prescription coverages?

Answered: 466

Skipped: 465

Themes:

- Lower Costs
- Better Coverage
- Carrier Changes
- Choice/Access
- Education

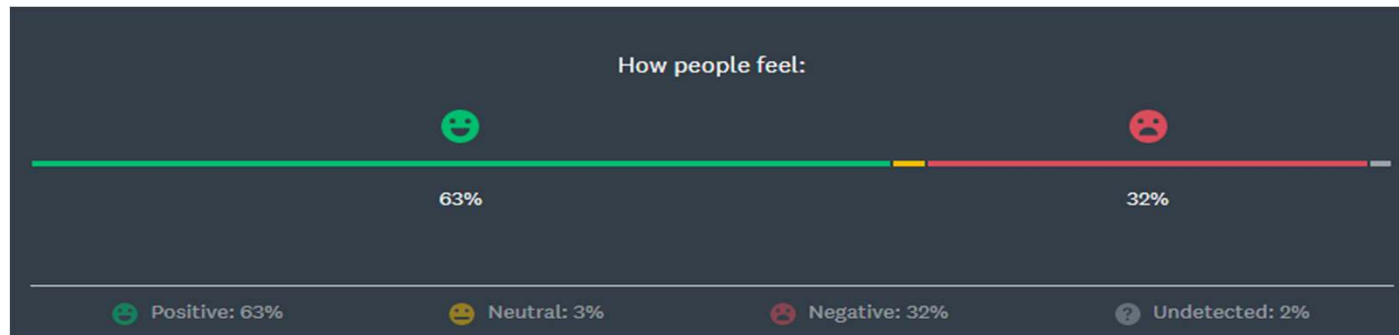
Verbatims:

- “Hearing aid coverage”
- “Would like to choose pharmacy (not restricted to CVS)”
- “I don't need prescriptions at this time, but when I do, I won't go to CVS, I'd rather have a choice”
- “None – great coverage for a reasonable price”
- “Not sure I can choose my own MD and hospital”
- “Promised at retirement, city would pay Medicare, will that come back”
- “We need to provide all coverage that we had in 2014 as well as the cost we agreed to in the CSA. Someone is changing the tiers without negotiating them. Some meds have gone from tier 1 to tier 3 for example these create problems for the end user who needs the product or service.”

Q14 – When working with your prescription drug plan and pharmacies, have you had issues obtaining the prescriptions recommended by your provider? Please explain.

Answered: 630

Skipped: 301



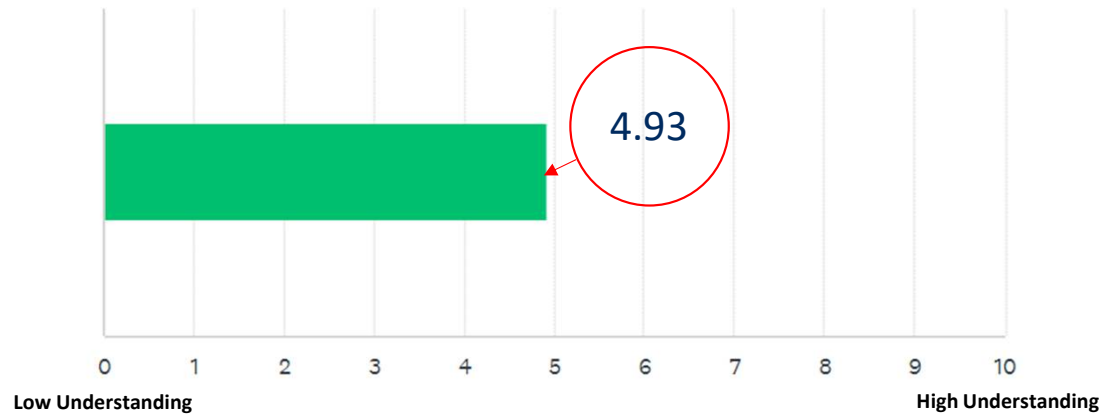
Verbatims:

- “No, it has always been smooth”
- “Cost too much”
- “not really, except for specialty days. - these have to be mailed - CVS phone - take a while to get things - don't like using”
- “No. I use Kroger Pharmacy”
- “There was one that wouldn't be covered without "prior approval" but I needed it right then, so I paid the extra cost. Fortunately, it wasn't too expensive.”

Q15 – How would you rate your understanding of the mental health services available with the medical programs?

Answered: 738

Skipped: 193



Q16 – If you have used the mental health services, are they easy to access?

Answered: 353

Skipped: 578



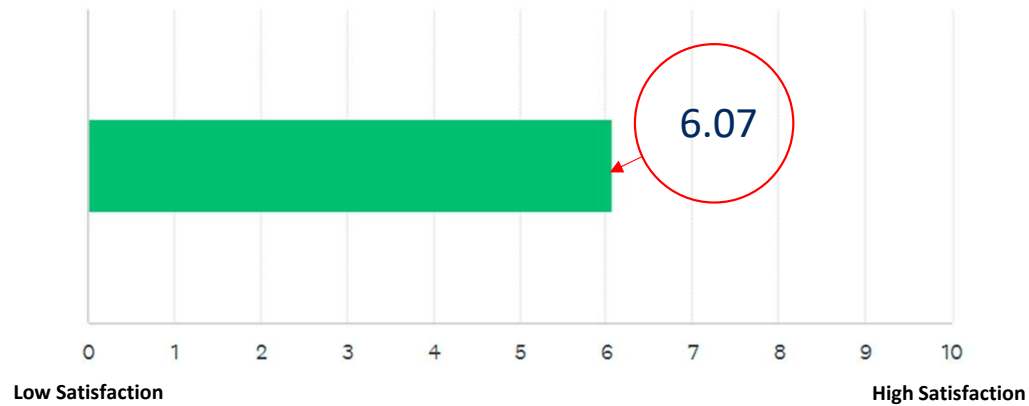
Verbatims:

- “NO! finding a provider is daunting. Searches on anthem.com result in tens of thousands of results, it would be nice to be able to filter, or get some additional help. Very frustrating.”
- “Haven't needed to use this service to date. have a general idea.”
- “The only problem I have is that my psychologist does not accept insurance anymore and I've had him for a long time. I don't want to find a new one.”
- “never used; this should not be a priority in a retirees benefit package.”
- “Do not know”
- “I didn't realize that there are mental health services available”
- Long wait time to get my son in to a therapist. It seems that there are not enough options and when there are people with serious mental health needs, the availability of treatment is further out than when a critical need arises.

Q17 – How would you rate your satisfaction with the dental plan?

Answered: 786

Skipped: 145



Q18 – What changes would you like to see with the dental plan?

Answered: 530 Skipped: 401

Themes:

- Better Coverage
- Lower Cost
- Choice
- Network

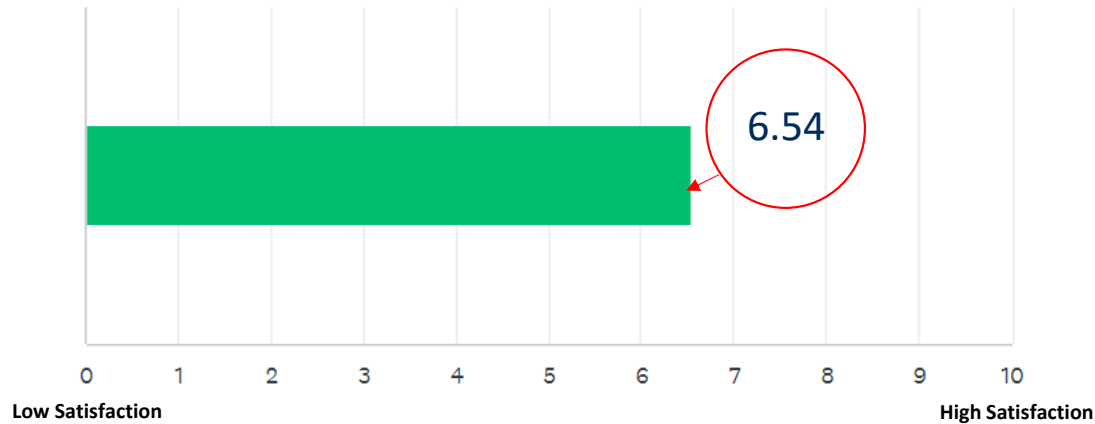
Verbatims:

- “More than one choice of plans. Since we are paying for it 100%”
- “Scope of services paid for are too limited. Out of pocket expenses too high for such a vital part of overall health care.”
- “No dental is wonderful. Ours is decent. I would like actually decent coverage and cheaper price”
- “For the cost it is pretty good”
- “\$1000 is gone in one visit these days”
- “Same problem as #16- I've had to switch dentists due to my old dentist not accepting my plan anymore.”
- “Dental procedures are extremely expensive. Would like to have greater coverage per year and would pay higher premium happily for same.”
- “I was fired by my dentists after being a client for thirty years. We no longer accepted my plan. I then had trouble finding a practice that would accept my plan.”
- “Dental plan provider needs to pay more. Our Retirement payment is not keeping up with the cost of living (can't afford to pay for dentures to high \$700 to \$1,500)”

Q19 – How would you rate your satisfaction with the vision plan?

Answered: 759

Skipped: 172



Q20 – What changes would you like to see with the vision plan?

Answered: 480

Skipped: 451

Themes:

- Better Coverage
- Lower Cost
- Network

Verbatims:

- “I would love to see the vision plan cover more. It doesn't ever seem to cover much of my annual visit and my glasses and contacts expenses.”
- “BETTER LIST OF BETTER DOCTORS”
- “I don't buy it; the coverage is minimal and not needed”
- “I am satisfied”
- “Increased allowance for lens and frames”
- “Paid for it for years but was always told sale prices were cheaper”
- “Higher benefit amounts to keep up with inflation. Rising costs of eye exams, glasses and lenses”
- “Improve correspondence of what is paid by EyeMed and what I pay”
- “It is cheap but does not have very good coverage. might be better offering tiered coverage”
- “More coverage; the premium is low but not a lot covered. Would be willing to pay a little more for more things covered.”

Q21 – If needed, do you understand how to start the appeals process?

Answered: 640

Skipped: 291

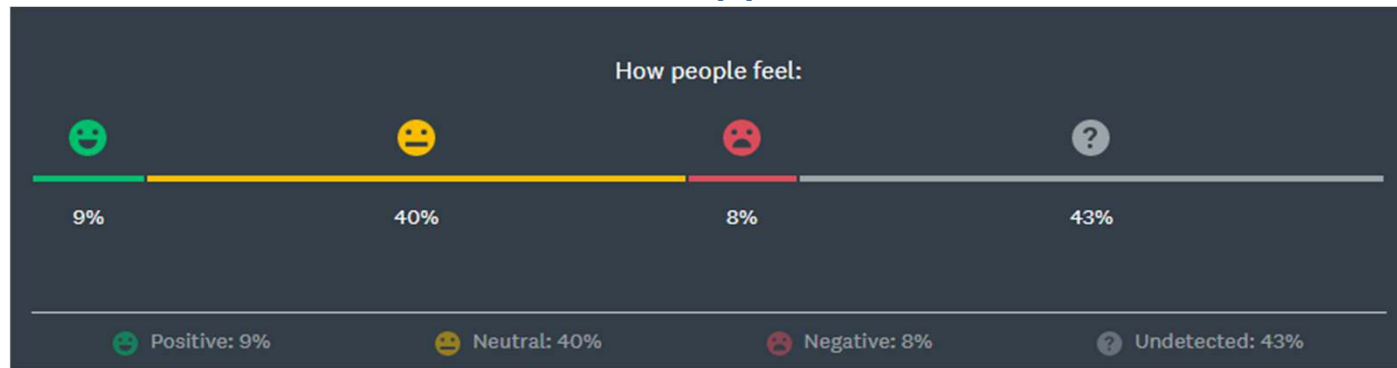
Verbatims:

- “Yes”
- “No”
- “We don’t know exactly what info they need so we contact the doctor”
- “Would have to research it”
- “Yes, I can read the information in the booklet”
- “Have had some problems”
- “No, I don’t. I figured no point in fighting the company.”
- “Could use more clarification”
- “can't say. I've not used but once by my neurologist to get a CT approved”
- “No or call CRS”
- “None at the present time. Very satisfied.”

Q22 – If you’ve been through the appeals process previously, how easy was it to navigate?

Answered: 281

Skipped: 648



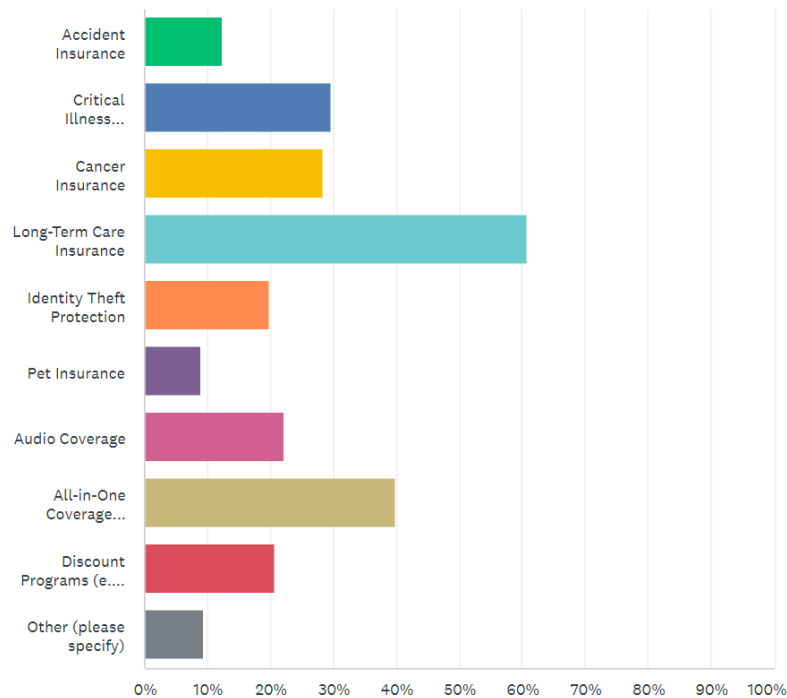
Verbatims:

- “Never used”
- “Yes, it was quite easy to navigate”
- “PAIN AND INDIFFERENCE”
- “I used it but it felt as if it was just provided to voice my complaint as opposed to being received with an open mind to resolve the complaint.”
- “have had some problems with getting approvals for MRIs, injections and special needed work. So far, the doctor's offices have been the one to start the appeals for me.”
- “Many retirees have told me the appeals process is a waste of time”

Q23 – Are there any other types of voluntary benefits/programs that you'd like us to consider offering? (Check all that apply)

Answered: 686

Skipped: 245



Themes:

- Hearing Aids
- Many other suggestions: grocery allowance, transportation, alternative therapies (supplements, acupuncture, massage, etc.), travel, monthly coverage for OTC meds, death benefits, legal coverage

Verbatims:

- “These are individual and not appropriate to raise rates for individual wants”
- “Many of these are not healthcare related issues”
- “Aren’t accident, critical illness and cancer already part of the health benefits?”
- “If you treat them like eye and dental, don’t bother”
- “Just a comment on Q23. Stick to your core purpose. Some of the listings take you away from that. Don't try to be everything for everyone. My experience is when you do that you don't do anything well.”

Q24 – Please use the below comment box to provide feedback, ask questions or voice concerns.

Answered: 260

Skipped: 671

Themes:

- Cost
- Coverage
- Appreciation
- Choice

Verbatims:

- “Thanks for the survey. All benefits we currently enjoy. Food is the new equalizer. You know more people than you think who need grocery buying assistance. Food the new frontier, seniors/retirees are struggling. Even \$50.00 a month would help. We're the stretch generation.”
- “Better coverage More choices”
- “Thanks for reading our comments!”
- “I am thankful for my retirement benefits. I worked long and hard for them!”
- “I retired 30 years ago and my coverage has decreased a lot since then. I just hope the shrinkage decreases.”
- “I would like to see better coverage for seniors after what happened to our retirement funds years ago.”
- “The employees in the Retirement office are outstanding, knowledgeable and pleasant!”
- “I feel well - protected and at a reasonable cost. I'm grateful!”
- “more flexibility, low as possible copays”

Thank You!

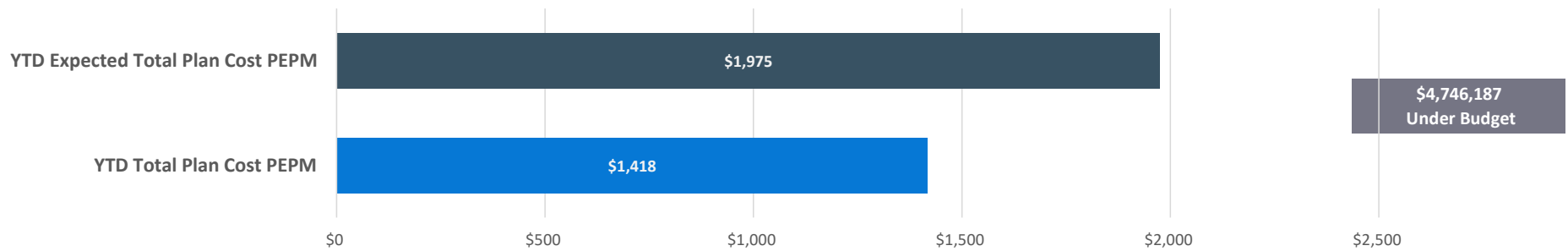


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Plan Performance Summary

City of Cincinnati Pre-65 Retirees medical plan ran at 49.5% of total expected costs for the month of December. YTD the medical plan is running at NET 71.8% of total expected costs.

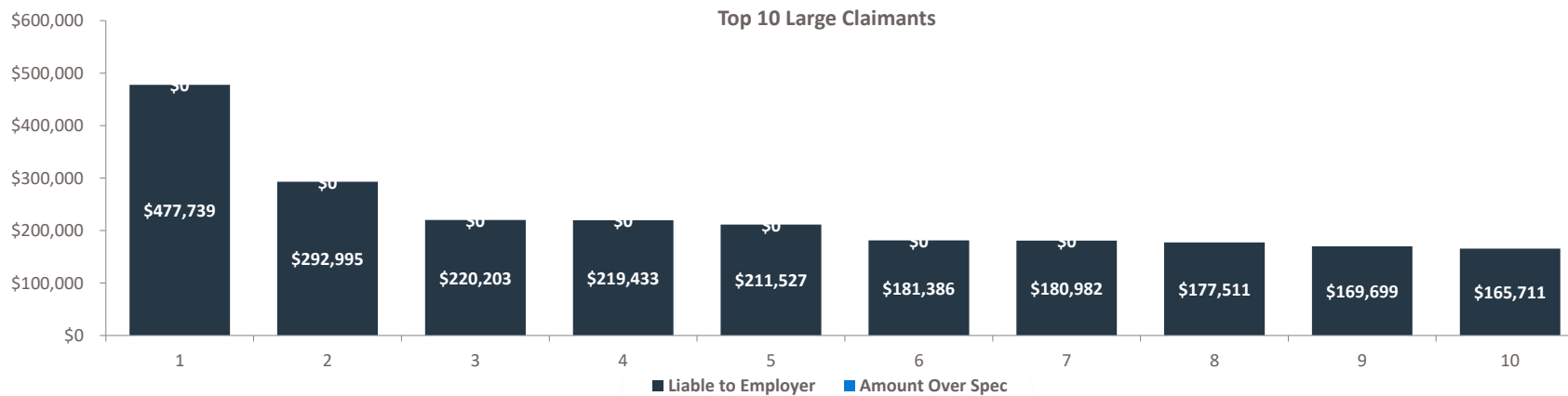
- The plan is under budget by \$4,746,187
- Annualized Expected Claims = \$16,625,956
- Annualized YTD Paid Claims @ 100% of Expected for Remaining Months = \$11,879,769



Large Claimants Summary

Top 3 Claimants Through December 31, 2024

1. Encounter For Other Aftercare (Cancer / Chemo) - \$477,739 YTD total | \$427,739 increase from the prior month
2. Other Immunodeficiencies (Unspecified Immune Disorder) - \$292,995 YTD total | \$240,995 increase from the prior month
3. Other Aneurysm (Unspecified Aneurysm) - \$220,203 YTD total | \$181,453 increase from the prior month



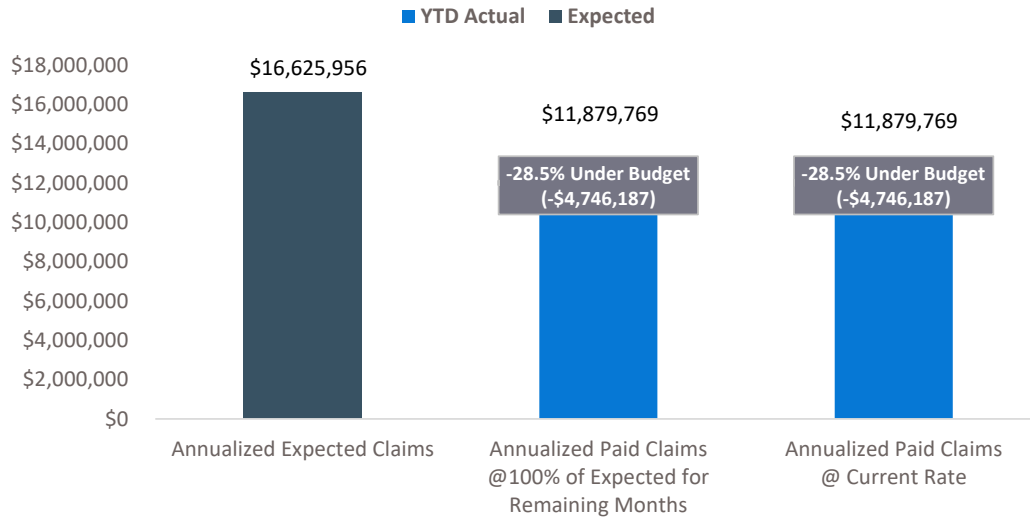
City of Cincinnati Pre-65 Retirees

Reporting Period: (1/1/2024 - 12/31/2024)

Medical & Rx



2024 YTD Annualized Actual vs Expected Claims



Total Cost Summary

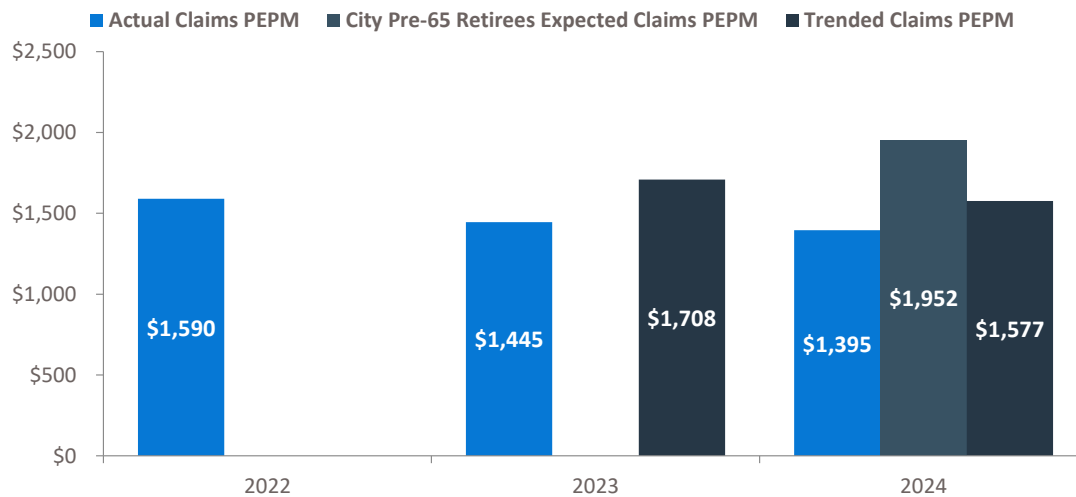
PEPM	(Fixed Cost + Claims)	Change From Prior	Segal Health Plan Cost Trend Survey
2022	\$1,613	-	7.2%
2023	\$1,468	-9.0%	7.5%
2024	\$1,418	-3.4%	7.2%

PEPM	Actual Claims	Expected Claims	Actual vs Expected
2022	\$1,590	-	-
2023	\$1,445	-	-
2024	\$1,395	\$1,952	71.5%

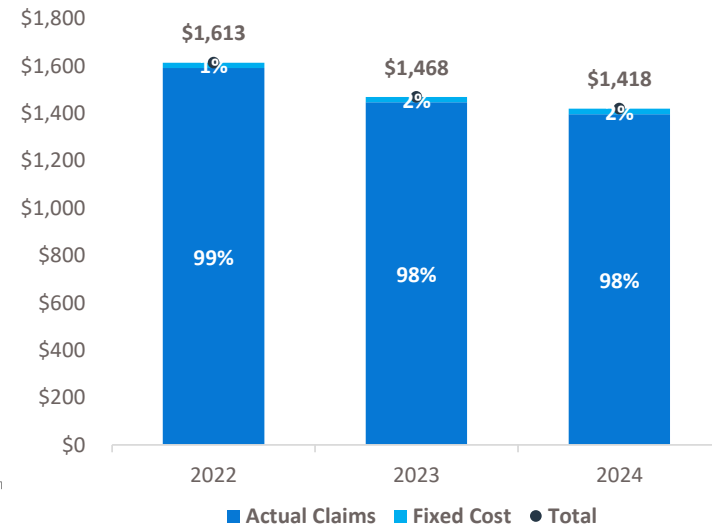
Notes:

1. PEPM = Per Employee Per Month
2. Numbers and calculations in this section exclude claims over specific deductible for the corresponding plan year.

NET Claims vs City Pre-65 Retirees Expected Claims vs Trended



Fixed Cost vs Claims PEPM



*Claims for 2022 and 2023 have not been adjusted for rebates received.

City of Cincinnati Pre-65 Retirees

Expense Summary

Reporting Period: (1/1/2024 - 12/31/2024)

Medical & Rx



	Enrolled Employees [a]	Fixed Costs		Medical and Rx Paid Claims				City Pre-65 Retirees Expected Claims [i]	Total Plan Costs [k] = [b+c+f]	Expected Total Plan Costs [m] = [b+c+i]	Actual v. Expected Monthly Total Cost Ratio [n] = [k/m]	
		Admin [b]	Stop Loss (ISL Only) [c]	Medical Claims [d]	Rx Claims [e]	Rx Rebates (incurred/paid) [g]	Total Claims [f]=[d+e-g]					
Jan-24	747	\$16,987	\$0	\$950,066	\$462,572		\$1,412,637	\$1,451,965	\$1,429,624	\$1,468,952	97%	
Feb-24	739	\$16,805	\$0	\$838,412	\$382,257		\$1,220,669	\$1,438,672	\$1,237,474	\$1,455,477	85%	
Mar-24	730	\$16,600	\$0	\$666,426	\$466,776	\$440,418	\$692,784	\$1,422,595	\$709,384	\$1,439,195	49%	
Apr-24	724	\$16,464	\$0	\$634,833	\$396,929		\$1,031,762	\$1,410,386	\$1,048,226	\$1,426,850	73%	
May-24	721	\$16,396	\$0	\$899,308	\$372,828		\$1,272,137	\$1,408,290	\$1,288,533	\$1,424,685	90%	
Jun-24	712	\$16,191	\$0	\$609,281	\$364,904	\$540,968	\$433,216	\$1,389,084	\$449,407	\$1,405,275	32%	
Jul-24	707	\$19,413	\$0	\$730,965	\$438,743		\$1,169,707	\$1,379,109	\$1,189,120	\$1,398,522	85%	
Aug-24	703	\$15,986	\$0	\$840,376	\$368,510		\$1,208,886	\$1,376,217	\$1,224,872	\$1,392,203	88%	
Sep-24	692	\$15,736	\$0	\$690,286	\$379,963	\$390,174	\$680,076	\$1,353,593	\$695,812	\$1,369,329	51%	
Oct-24	686	\$15,600	\$0	\$789,990	\$404,287		\$1,194,277	\$1,342,464	\$1,209,877	\$1,358,064	89%	
Nov-24	676	\$15,372	\$0	\$587,575	\$325,778		\$913,353	\$1,324,057	\$928,725	\$1,339,429	69%	
Dec-24	679	\$15,440	\$0	\$631,961	\$404,784	\$386,481	\$650,264	\$1,329,525	\$665,705	\$1,344,965	49%	
Total	8,516	\$196,990	\$0	\$8,869,480	\$4,768,331	\$1,758,041	\$11,879,769	\$16,625,956	\$12,076,759	\$16,822,946	71.8%	
Average EEs	710											
Average MIMs	981											
Total Net Costs:									\$11,879,769	\$12,076,759	\$16,822,946	71.8%

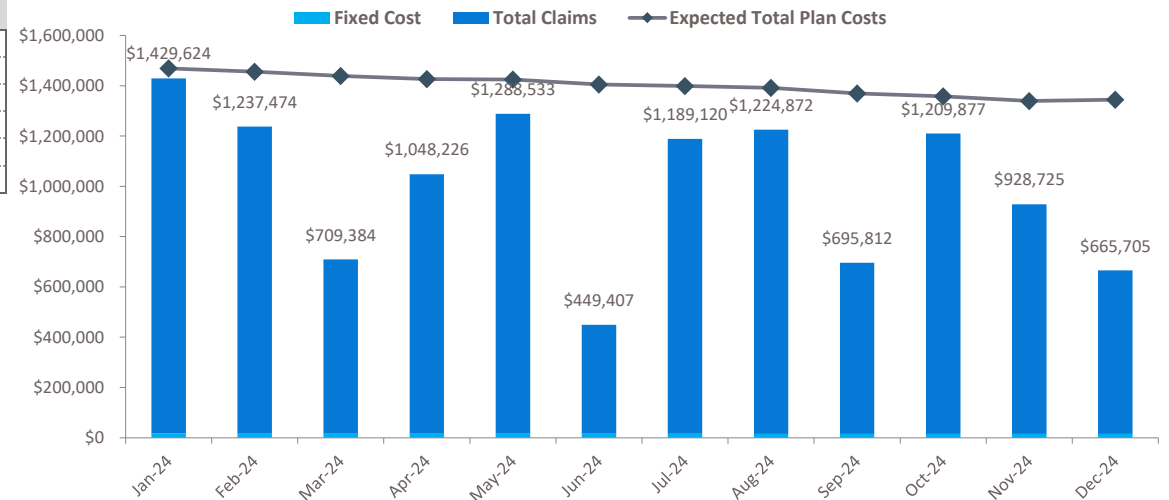
Data Summary

Claims Amount Under City Pre-65 Retirees Expected	\$4,746,187
Net Claims / City Pre-65 Retirees Expected claims	71.5%
Net Claims Per EE Per Month	\$1,395
City Pre-65 Retirees Expected Claims Per EE Per Month (YTD)	\$1,952
Net Total Plan Cost Per EE Per Month	\$1,418
City Pre-65 Retirees Total Expected Plan Cost Per EE Per Month (YTD)	\$1,975

* Numbers exclude claims over specific deductible (\$1,000,000)

Fixed Costs

Composite Rates PEPM	Admin
	\$23.13



City of Cincinnati Pre-65 Retirees

Data Notes

Reporting Period: (1/1/2024 - 12/31/2024)



Abbreviations / Definitions

- a. EE - Employee; SP - Spouse
- b. ISL - Individual Stop Loss; ASL - Aggregating Stop Loss; YTD - Year to Date; FIE - Fully Insured Equivalent
- c. PEPM - Per Employee Per Month; PMPY - Per Member Per Year

General Data Notes

- a. Claims data and enrollment is based on reporting from Anthem and CVS.
- b. HUB Heartland utilizes but has not independently verified data provided by Anthem and CVS for accuracy.

Claims Notes

- a. City Pre-65 Retirees Expected Claims are based on the 2024 plan year claims projection.
- b. Expected Claims adjust on a monthly basis based on enrollment by tier by plan.
- c. Total claims and plan cost are NOT net of employee premiums, nor does it include employee out of pocket expenses (e.g. deductible).
- d. Claims data is on a paid basis.
- e. Direct pharmacy rebates are included in the Monthly Report.

Admin Notes

- a. Admin Costs are based on the Anthem and CVS 2024 plan year signed contract.

Health Care Reform Notes

- a. Estimated PCORI fee for plan years ending by 9/30/2023 is \$3.00 PMPY, and by 9/30/2024 is \$3.22 PMPY.
- b. PCORI fee is illustrated based on average membership from the prior plan year. Actual PCORI fee paid may differ based on calculations and/or methodology used.
- c. For this monthly report, the PCORI fee is assumed to be included in the admin fee for July.